

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 668473 1. Entity Name VISUALGRAPHICS DESIGN, INC.	
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Principal Place of Business 1111 N WESTSHORE BLVD STE 201A TAMPA, FL 33607 US	Mailing Address 1111 N WESTSHORE BLVD STE 201A TAMPA, FL 33607 US
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01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2081352	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KING, WILLIAM S. JR.
1111 N WESTSHORE BLVD
STE 201A
TAMPA, FL 33607**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

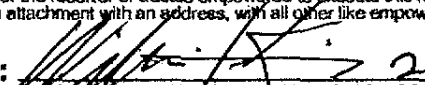
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KING, WILLIAM S. JR. 1111 N WESTSHORE BLVD, STE 201A TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUEGER, DEBBIE R 1111 N WESTSHORE BLVD SUITE 201A TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOTHOWER, TRUMAN H III 1111 N WESTSHORE BLVD SUITE 201A TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2. WILLIAM S. KING, JR.** **4/28/2005** **289-9308**
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR Date Daytime Phone #